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## Application for Cosmetology Advisory Committee

Check the box of the position applying for

☐ Cosmetology ☐ Barbering ☐ Esthetics ☐ Manicuring

### APPLICANT'S INFORMATION

Last Name	First	Middle Initial	Email Address
Mailing Street Address			Contact Phone No.
City			( )
State			
ZIP Code			
Position	Employer		

### APPLICANT'S INVOLVEMENT within the COSMETOLOGY FIELD

Explain in detail what your association is within the cosmetology field – licensing information? memberships in associations? school information?

### REPRESENTING

Select one

☐ Eastern ☐ Central ☐ Western – West of the Sound including Island Counties  
☐ Western – North of King County ☐ King County ☐ Western – South of King County

### SIGNATURES SECTION

X	APPLICANT SIGNATURE	DATE
X	SUPPORT of AUTHORITY – SIGNATURE – If needed	POSITION
X	SUPPORT of AUTHORITY – PRINTED NAME	DATE

### DEPT of LICENSING CERTIFYING LICENSE CURRENT AND IN GOOD STANDING

X	SIGNATURE	DATE
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